

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41476
Registrar's No. 410

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		State File No. <u>41476</u>		Registrar's No. <u>410</u>			
1. PLACE OF DEATH a. COUNTY <u>MARION</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>			d. STREET ADDRESS (If rural, give location) <u>813 S Main St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hosp.</u>											
3. NAME OF DECEASED (Type or Print) <u>HERL</u>					a. (First) <u>GLOVER</u>		b. (Middle) _____		c. (Last) _____		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 14, 1898</u>		9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>2</u> DAYS <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lab or</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Glover</u>			13b. MOTHER'S MAIDEN NAME <u>Corra Edward</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Glover</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Mr Ruth Glover</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:04</u> A.M., from the causes and on the date stated above.											
23a. SIGNATURE <u>M D Allen</u>					(Degree or title) _____		23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>Nov 30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>					
DATE REC'D BY LOCAL REG. <u>12-11-50</u>		REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Hannibal Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 15 1950
HEALTH DEPT.
DATE FILED DEC 15 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

M. J. Donnell

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.